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PTO/S&O1 (8-96)
 Approved for use through 9/30/98. OMB 0551-0032
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration OR
Submitted
with Initial Filing

☐ Declaration
Submitted after
Initial Filing

Attorney Docket Number 0190 US/P

First Named Inventor SEMSCH, Angelika

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEVICE FOR PREVENTING OR REDUCING TIPPING OF THE HEAD

(Title of the invention)

the specification of which

☒ is annexed hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.55.

I hereby claim foreign priority benefits under Title 35 United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
19602939.2	Germany	01/27/96	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

(Page 1 of 5)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

(January 1996)

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PTO/SB/01 (2-95)
 Approved for use through 9/30/98. OMB 0651-0032
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
LERNER, Herbert L.	20,435		
GREENBERG, Laurence A.	29,308		
STEMER, Werner H.	34,956		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name | Lerner and Greenberg, P.A.

Address | P.O. Box 2480

Address |

City | Hollywood

State | FL

ZIP | 33022-2480

Country | US

Telephone |

(954) 925-1100

Fax |

(954) 925-1101

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name	Middle Initial	Family Name	Suffix e.g. Jr.
ANGELIKA		SEMSCH	

Inventor's Signature	Date
15.10.97 Angelika Semsch	15.10.97

Residence: City	State	Country	Citizenship
AUGSBURG		GERMANY	GERMAN

Post Office Address | BIBERKOPFSTRASSE 29

Post Office Address |

City	State	Co	Country
AUGSBURG		86163	GERMANY

☐ Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside this box → ☐

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	ELISABETH	Middle Initial		Family Name	SCHNEIDER	Suffix	e.g. Jr.		
Inventor's Signature	<i>Elisabeth Schneider</i>					Date	14. 10. 97		
Residence: City	SENDEN	State		Country	GERMANY	Citizenship	GERMAN		
Post Office Address	LAERCHENSTRASSE 21c								
Post Office Address									
City	SENDEN	State		Zip	89250	Country	GERMANY		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name		Suffix	e.g. Jr.		
Inventor's Signature						Date			
Residence: City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
City		State		Zip		Country			
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name		Suffix	e.g. Jr.		
Inventor's Signature						Date			
Residence: City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
City		State		Zip		Country			
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name		Suffix	e.g. Jr.		
Inventor's Signature						Date			
Residence: City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
City		State		Zip		Country			
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name		Suffix	e.g. Jr.		
Inventor's Signature						Date			
Residence: City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
City		State		Zip		Country			
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

Attorney's Dock I No: 0190 US/P

Applicants: ANGELIKA SEMSCH ET AL.

Filed : Concurrently her with

Title : DEVICE FOR PREVENTING OR REDUCING TIPPING OF THE HEAD

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(F) AND 1.27(B)) - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled **DEVICE FOR PREVENTING OR REDUCING TIPPING OF THE HEAD** described in application Serial No. 08/930,735, filed September 29, 1997. I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). Each person, concern or organization to which I have assigned, granted, conveyed, or licensed, or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- (X) no such person, concern, or organization:
() persons, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

Full Name of Concern _____

Address of Concern _____

() Individual () Small Business Concern () Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Angelika Semsch
Name of Inventor

Angelika Semsch
Signature of the Inventor

26.12.97
Date

Elisabeth Schneider
Name of Inventor

Elisabeth Schneider
Signature of the Inventor

26.12.97
Date